National Cancer
Control Programme

My Gynaecology Patient Passport

OVARY

Important Information

Your Passport is your personal document. Please remember to bring it to every hospital visit or virtual appointment. This way, you can easily update your information.

It also serves as a helpful place to keep track of your treatment details and any advice you receive. You can always refer back to it, even after your treatment is complete.

Your Hospital Number

Disclaimer:
This passport is your personal property, please keep it safe. The hospital cannot take any responsibility in the event of this document being lost.

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My Gynaecology Patient Passport

This passport is for you if you have been diagnosed with ovarian cancer or are being investigated for a potential ovarian cancer diagnosis. This passport is a resource to take with you through your cancer journey.

It aims to help you understand your diagnosis and keep a record of your treatment pathway. Please remember to bring it with you to every appointment and hospital visit. Your healthcare team will help you to fill out important information and contact details you may need. This passport may be useful to show to your GP and other healthcare professionals if discussing details of your diagnosis, treatment or aftercare.

Just as everyone is different, everyone's cancer journey is different so there may be some aspects of the passport that do not apply to you. We support all our patients based on their individual needs, irrespective of age, ethnicity, sexual orientation, gender identity, culture and background.

Contents

1. Key Contacts

Details of healthcare professionals you may meet during your treatment and follow-up:

Surgical Team

Hospital		
Consultant	Name	
	Tel.	
	Email	
Clinical Nurse Specialist	Name	
	Tel.	
	Email	
	Name	
	Tel.	
	Email	
	Name	
	Tel.	
	Email	

Medical Oncology Team

Hospital		
Consultant Oncologist	Name	
	Tel.	
	Email	
Clinical Nurse Specialist	Name	
	Tel.	
	Email	
Day Unit	Tel.	
Inpatient Ward	Tel.	
AHOS	Tel.	
Out-of-hours (incl. Saturday & Sunday)	Tel.	

Other Healthcare Professional

Stoma Care Nurse	Name	
	Tel.	
	Email	
Social Work	Name	
	Tel.	
	Email	
Psycho-Oncology	Name	
	Tel.	
	Email	
GP	Name	
	Tel.	
	Email	
Pharmacy	Name	
	Tel.	
	Email	

Other Contacts

Name	
Role	
Tel.	
Email	

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Role	
Tel.	
Email	

Name	
Role	
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Role	
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2. Appointment Record

Appointment	
Date & Time	
Who attended	
Summary	

Appointment	
Date & Time	
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Summary	

Appointment	
Date & Time	
Who attended	
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Appointment Record

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Appointment	
Date & Time	
Who attended	
Summary	

Notes

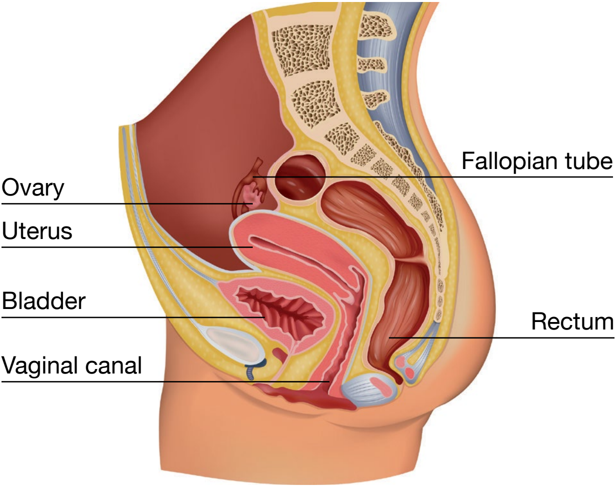
3. My Diagnosis

Multidisciplinary Team Meeting

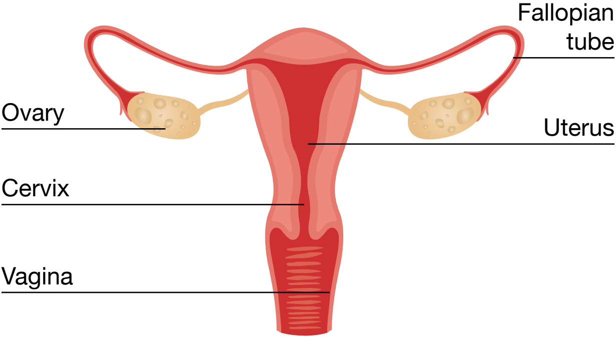
Members of your healthcare team will meet to review your scans and biopsies in order to recommend the best treatment plan for you. This is called a Multidisciplinary Team meeting. Your healthcare team will share their findings and recommendations with you, ensuring you understand the options of treatment available to you to help you in your decision making.

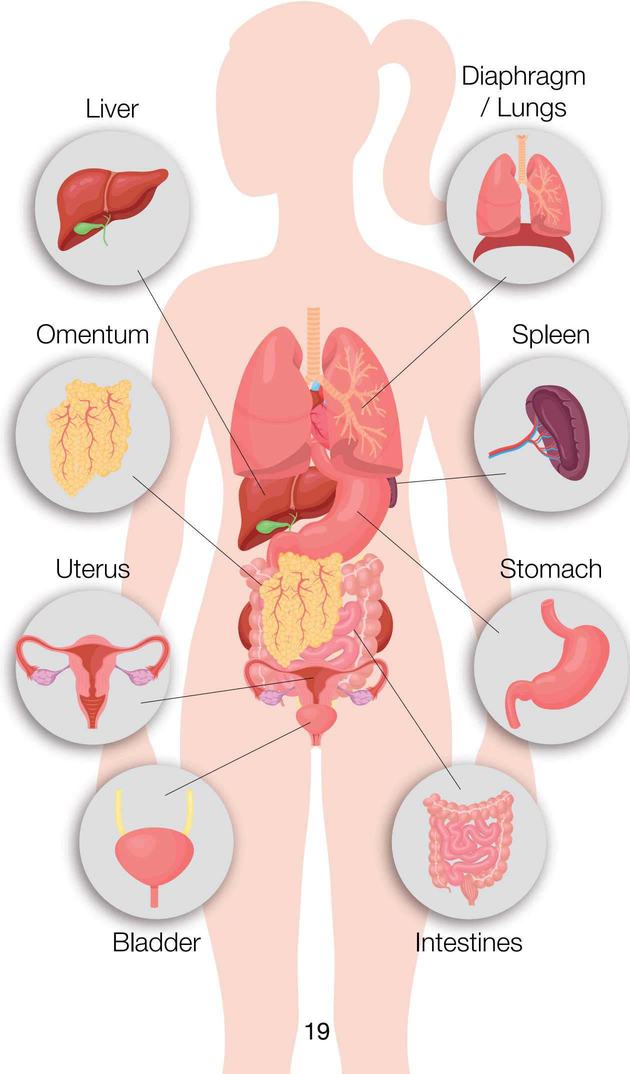
It usually takes several tests to get a clear diagnosis and stage of suspected cancer. For further information on ovarian cancer staging, you can access the Irish Cancer Society website at **www.cancer.ie/cancer-information-and-support/cancer-types/ovarian-cancer/staging-and-grading-of-ovarian-cancer** or scan the QR code.

My Anatomy



Female Reproductive System




Liver
Diaphragm / Lungs
Omentum
Spleen
Uterus
Stomach
Bladder
Intestines

4. My Treatment Plan

Surgery to Determine Diagnosis ☐

SACT/Surgery/SACT ☐

Surgery Followed by SACT ☐

SACT Only ☐

Other : ______________________________ ☐

Systemic Anti-Cancer Therapy: This includes Chemotherapy, Immunotherapy, Targeted Therapy and Hormonal Therapy. Your healthcare team will discuss which treatment plan you will need and the combination of SACT you may require.

Cancer research is ever evolving to improve patient care. Depending on your diagnosis or suspected diagnosis you may be eligible for a clinical trial or asked to contribute to a biobank as part of research. A biobank stores samples that can be used for research purposes in the future. Your healthcare team will give you more information if you are eligible.

Radiotherapy treats cancer by using high-energy rays to destroy the cancer cells. It is not often used to treat ovarian cancer. Occasionally it may be considered if the cancer has recurred in one area that may not be suitable for surgery or can be used to control symptoms in the pelvic area, such as bleeding, pain or discomfort.

Notes from My First Appointment

What should you ask the healthcare team? This website offers a useful checklist to prepare for your appointments. It suggests key questions to ask your healthcare team and provides guidance on making the most of your appointments. Available in numerous languages, it’s a valuable resource for patients seeking to optimise their consultations and engage effectively with their healthcare team. You can access the website at **engage.esgo.org/brochures/what-should-you-ask-the-doctor/** or scan the QR code.

Notes

5. Surgery

Before Surgery

Your surgical team will go through any proposed surgery with you in detail. If you have questions, it is important to contact them. Detailed explanations of ovarian cancer surgery can also be found on the website at **www.thisisgo.ie** or scan the QR code.

A member of your healthcare team will contact you to instruct you on preparing for surgery. If necessary, you will undergo an anaesthetic pre-assessment to ensure you are fit prior to surgery. Your healthcare team will inform you if this is required.

Discharge Planning

Length of stay in hospital can vary depending on a number of factors after the surgery. My estimated length of stay after surgery is ________________________ days.

Consider the support you have at home. If you feel you do not have enough support and would need admission to convalescence, please inform your team on the day you are admitted to hospital, as these beds are in high demand.

Some people may want to arrange their own private convalescence elsewhere.

I think I will need convalescence Yes ☐ No ☐

Stopping medications before surgery

Before your surgery a member of the healthcare team will discuss any medications you will need to stop.

Your last dose should be on:

Date ______________________ Time __________________

• •

Before your surgery, please stop taking:

____

Your last dose should be on:

Date ______________________ Time __________________

Please note that some **blood thinners** need to be stopped up to **five days** before surgery, and some **diabetes medications** need to be stopped **two days** before surgery. If you are on blood thinners, or diabetes medications, please ask your healthcare team for advice.

Fasting

In general you will need to fast (no eating) from midnight the night before surgery. Clear fluids will be allowed until closer to the time of surgery. Your healthcare team will advise you of this when you are admitted.

Bowel Prep.

Bowel prep. needed? Yes ☐ No ☐

On the day before surgery you may be asked to take medication to help clear the contents of your bowel. This gives you loose stools and you must drink plenty of clear fluids to replace what is lost.

What if I need bowel surgery?

Stoma marking required? Yes ☐ No ☐

Many people undergoing surgery for ovarian cancer will require surgery on their bowel. In a small number of cases, we need to create a stoma, which allows your bowel motion to pass through an opening on your tummy and into a bag. This may be permanent or temporary.

A stoma care nurse may see you before your surgery to determine where on your tummy would be best to have a stoma, if it is needed. This does not mean we are planning a stoma, but ensuring that if it is needed, it is in the best position for you.

How To Prepare For Treatment

Prehabilitation

Your hospital may have a prehabilitation service available, which your healthcare team will discuss with you. If not, below are some exercises you may be advised to do.

Physical activity and exercise are important before, during and after all types of cancer treatment.

It helps reduce tiredness, increase energy levels and improves quality of sleep. It also reduces anxiety and depression, improving overall mental health.

> Those who increase their level of physical activity before surgery are less likely to suffer complications during and after surgery and are more likely to recover faster.

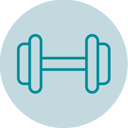
What physical activity should I complete?

- If able, you should aim for moderate activity for 30 minutes a day, five days a week.

The most important message is to **avoid inactivity** and be as physically active as possible.

- You should exercise to a level where you work up a sweat and you are slightly breathless but still able to speak. This can include walking, cycling, running, swimming, etc. Even walking up and down stairs can be beneficial.

- You are also advised to complete strengthening exercises, at least twice a week. This may include lifting weights or using resistance bands or lifting weights (or you could use a 1kg bag of flour, or tinned foods).



For examples of exercises you can do at home, please see page 32 of this passport.

Nutrition

During treatment, some people may experience a poor appetite and lose weight. Other people may be able to eat and drink normally. Sometimes, a doctor or dietitian may suggest you follow a special diet.

If you feel well and are able to eat normally:

- Aim to maintain a healthy weight
- Aim to eat plenty of fruit and vegetables
- Aim to reduce processed foods
- Choose foods rich in fibre such as wholegrain breads and cereals

If you have a poor appetite or have lost weight:

DO

- ✔ Check your weight
- ✔ Eat little and often, try to eat six times a day
- ✔ Choose nourishing drinks. For example, yogurt drinks, milk, milkshakes
- ✔ Enrich your foods to make them more nourishing

DON'T

- ✖ Wait to feel hungry before you eat
- ✖ Fill up on large portions of fruit and vegetables, remember to include protein and fats
- ✖ Eat low-fat versions of food
- ✖ Skip meals

If you keep losing weight or are struggling to eat, please ask your dietitian or another member of your healthcare team for more support.

Alcohol

If you have been diagnosed with cancer, it is advised to avoid drinking alcohol. If you do drink alcohol, ensure the amount you drink remains below the recommended low risk guidelines. Alcohol can harm your recovery. For further information on this topic you can access the Irish Cancer website at **www.cancer.ie/cancer-information-and-support/cancer-prevention/alcohol-and-cancer** or scan the QR code.

Smoking

Do not smoke or use any form of tobacco. Make your car and home smoke free. For support to quit smoking you can access the website at **www.quit.ie** or scan the QR code and/or discuss it with your healthcare team. Every day smoke free can help your recovery.

Lymphoedema Early Detection

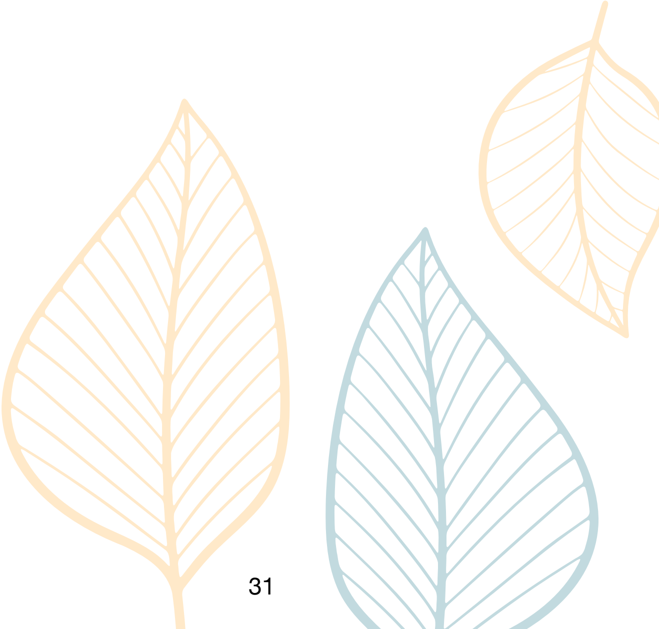
Lymphoedema is when too much fluid builds up in your body causing swelling. This happens if your lymph nodes have been removed or affected by cancer treatment such as surgery or radiotherapy. Lymphoedema can occur in your legs, trunk, or genital area. It can develop at any stage after your cancer treatment, but the highest risk is in the first 1-3 years after treatment. If it is detected early, it is easier to manage, and may be reversed.

Here are some helpful tips to reduce the risk of developing lymphoedema:

- Be as active as you can, aim for 30 minutes of exercise a day. Inactivity increases risk of lymphoedema.
- Good nutrition and healthy eating is important, being overweight can increase the strain on your lymphatic system.
- Keep your skin well moisturised, and wear SPF 50 if outdoors.
- Contact your healthcare team if you notice any redness, pain, swelling, your limb is hot to touch or you develop a fever.
- Reduce risk of cuts, scratches or bites as any break in skin can act as an entry point for infection.
- Wear long trousers and use antiseptic cream for any break in skin.
- Travel can increase your risk of developing lymphoedema, discuss any foreign travel with your healthcare team.
- Try to introduce deep breathing into your daily routine as it helps circulation and gets your lymph fluid flowing.

You are at higher risk if:

- You have had lymph nodes removed in surgery. You can check with your team if you are unsure about management of your lymph nodes after surgery
- You have had chemotherapy or radiotherapy
- Your BMI is >30
- You exercised less than twice a week before diagnosis

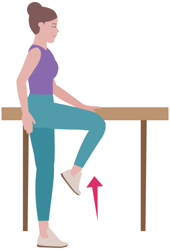


Early symptoms include a feeling of heaviness or tightness in the area, clothes not fitting well, and aches or discomfort and restricted movement.

Exercise

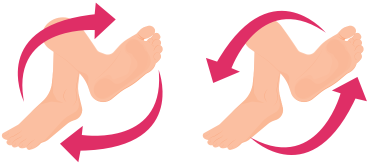
Exercise is an important part of the treatment for lymphoedema. Moving your muscles helps to pump the fluid through your leg. You should repeat these exercises 10 times and try to do them at least three times a day.

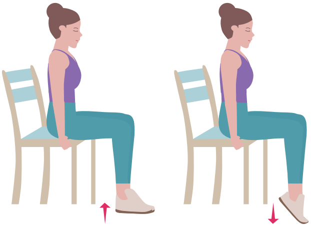
Stand up and hold on to a firm surface like a table. Lift one foot off the floor as high as you can, then slowly lower it back down.



Sit with your feet on the floor. Straighten and bend your knee.

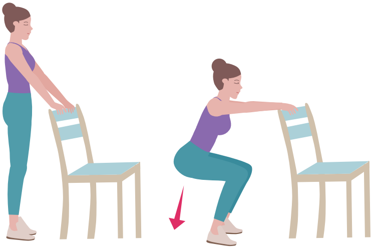
Roll your foot in a circle. Repeat in the opposite direction.





Sitting down,
place your foot
on the floor.
Tap your heel.

Bend your knee,
lift your foot
up behind you,
and lower it.



Hold onto the
back of a chair.
Slowly bend
your knees and
then slowly
stand back up.

What should I bring to hospital when having my surgery?

It can be difficult to know what to pack for hospital. It is important to note that you may have limited space to keep your belongings so only pack what you really need. Below are some helpful suggestions:

- Flip flops/slippers
- Loose fitting comfortable clothing
- Loose fitting pyjamas/nightdress
- Dressing gown
- Sanitary pads and cotton underwear
- Ear plugs/Eye mask
- Phone charger with long lead
- Toiletries: toothbrush/toothpaste/shower gel/ shampoo/conditioner/deodorant/hairbrush/ body moisturiser/hair ties
- Lip balm
- Pen and paper – if you have questions for your team
- Book/tablet/headphones
- Any medication that you are currently taking
- Glasses and glasses case or hearing aids if required

After Surgery

You will have a follow-up appointment with your surgical team after surgery to ensure you are recovering well and to discuss the results of your surgery. In most cases this is 2-4 weeks after surgery as it can take time for your results to be processed by the lab and the findings reviewed.

Tubes and drips

A catheter tube will be put in your bladder temporarily. Your team will discuss with you when this can be removed, which is usually within the first few days after surgery.

To have access to your veins for fluids and medications, a cannula will usually be put in your arm.

Blood clot prevention

Cancer and its treatment increase your risk of forming a blood clot in your leg (DVT) or lung (PE). For this reason you will be asked to wear compression stockings and will receive blood thinning injections. Moving about and walking helps keep the blood moving through your veins and reduces the risk of developing a blood clot.

The risk of a blood clot developing remains high. A blood clot may cause pain, redness and swelling in your leg, or breathlessness and chest pain. Contact your hospital immediately if you have any of these symptoms, as blood clots can be serious. Usually they are treated with medication to thin your blood.

After discharge home, we may ask you or a family member to give you the injections for a number of weeks after surgery. Your nurse on the ward will show you how to do this.

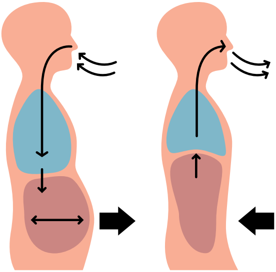
More Information

For further information on blood clot prevention you can access the HSE website at **www2.hse.ie/conditions/deep-vein-thrombosis/** or scan the QR code.

Chest physiotherapy

Following surgery, you are at higher risk of developing a chest infection. This often happens when you don't use your lower airways, such as with shallow breathing. People often use shallow breaths when they are trying to protect their tummy, where their surgery has taken place.

The physiotherapist will see you after surgery to teach you how to do deep breathing exercises to reduce the risk of chest infection or pneumonia (see pages 39 to 41). They will also help you get up and about after surgery which, again, reduces the risk of pneumonia.



Pain control

It is important that your pain is controlled after surgery so that you can do all the things that can help you recover faster. This includes walking around, breathing deeply and sleeping well. Your team will make sure you are prescribed regular painkillers both in hospital and at home.

You may have an infusion in your back (epidural) which will provide a continuous supply of pain relief by numbing the surgical area. Alternatively you may have a patient controlled analgesia (PCA) pump. A PCA is a pump that delivers pain relief into your veins when you press a button. This puts you in control of your pain relief, meaning you can provide the level of pain relief you need. It has a lock out mechanism which prevents you from getting too much medicine.

Sickness

Sometimes after surgery you may feel sick or vomit. This can be caused by the anaesthetic drugs, other medications, or the surgery itself. If you feel sick be sure to tell your nurse or doctor who can get you some anti sickness medication.

Eating and drinking

Your healthcare team will advise you on when it is safe to eat and drink after surgery. When you are back eating after surgery, large meals can be difficult to handle, and eating smaller amounts more often may be easier.

If you now have a stoma, your stoma care nurse will see you on the ward most days. They will show you how to care for your stoma, give you advice on diet, and provide you with supplies for going home. You may be referred to the dietician for additional support. Contact details for ongoing support in the community, if required, will be given to you.

Cancer rehabilitation and physiotherapy

1. Get you moving and prevent breathing problems.
2. Exercise the pelvic floor muscles to prevent bladder, bowel problems and back pain.
3. Return to your previous activities and fitness levels.

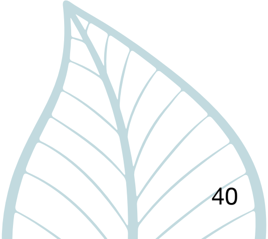
Below are a number of exercises that should be started the first day after your operation and continued for six weeks.

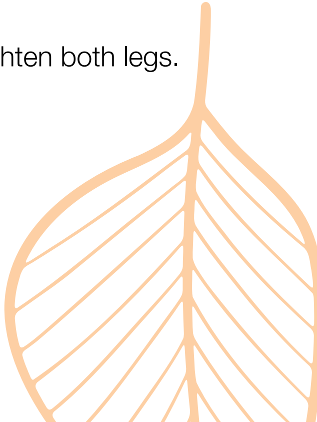
- **Breathing** Take a deep breath in through your nose, hold for three seconds and breathe out slowly. Repeat **five times** and then try a cough. Repeat every hour. *Please practise this sitting up in bed or sitting out in a chair.*
- **Coughing** It's very important that you can cough strong and effectively after your surgery so you can clear any phlegm. You will find coughing more comfortable by holding a pillow on your stomach. Do not worry about damaging your stitches when you cough, they are very secure.

- **Sitting out and walking**
  It’s very important to sit out as it will help your breathing, circulation and muscle strength. Every day after your operation you should aim to increase your walking distance and frequency.

> The best way to get out of bed is to bend both knees and roll onto your side. Do not come straight up into sitting. Always side roll first and then up.

- **Ankle pumps**
  Sitting out in chair “pump” your feet up and down. Repeat on both sides.
- **Heel raises**
  Push up onto your toes off the floor while holding onto a support.
- **Knee extension**
  Sitting in chair, bend and straighten both legs. Repeat on both sides.

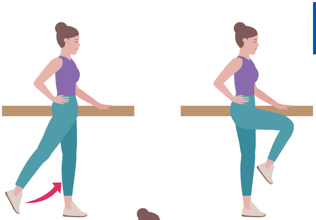




Two weeks after your operation, you can progress to the exercises below three times a day for 10 repetitions each exercise.

1. Hip extension
Stand straight holding onto a chair. Bring your leg back ways keeping your knee straight. Do not lean forwards. Repeat on both sides.

2. Hip flexion in sitting/ standing Standing holding onto a surface with your hands, bend and straighten your legs. Repeat on both sides.



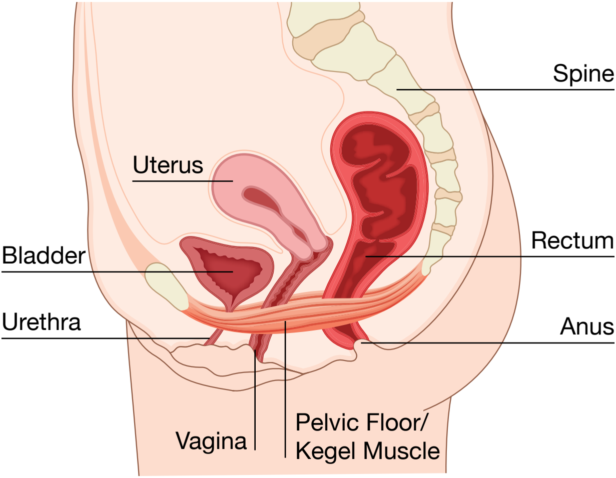
3. Mini squat at chair
Standing holding onto chair. Bend and straighten your hips. Repeat on both sides.

Three months after your surgery you should aim for at least 150 minutes of moderate intensity exercise a week. At this time you can complete strengthening exercises and think about returning to previous sports or activities that you enjoy.

Pelvic Floor Exercises

The pelvic floor is a sheet of muscles which acts as a support and assists in controlling the bladder and bowel movements.

Exercises for the pelvic floor can be performed from day 1 after your operation and three times a day.



Exercise 1 – ‘Quick ones’

- In a comfortable position, tighten your pelvic floor muscles as though stopping yourself from passing wind and urine.
- You should feel a squeeze and a lift. Hold for a few seconds and relax. Keep breathing throughout.
- Repeat 10 times, three times a day.

Exercise 2 – ‘Slow ones’

- Contract the muscle as in exercise 1.
- Hold the contraction for whatever is comfortable and then relax. Keep breathing throughout.
- Build up to holding the contraction for 10 seconds, 10 times.

More information

It may be helpful for you to engage with a women’s health physiotherapist who specialises in this area. You will find more information on physical activity and pelvic floor exercises on the PERC’s website at **www.cancerrehabilitation.ie** or scan the QR code.

Planning for Home

Even when you are discharged from hospital, you will need to continue your recovery at home. It can be helpful to plan ahead and see if someone is available to help you with tasks such as shopping or housekeeping while you recover.

Below are helpful tips to build your strength during your recovery:

- Get up and dressed every day, this is good for both physical and mental health.
- Talk to your friends and family about what you can and cannot do, this will help them to support you.
- Do some gentle exercise everyday such as walking to build your strength.
- Drink plenty of fluids.

- Eat small, regular and nutritious meals.
- Take painkillers if you are in pain, as advised by your medical team.
- If you have had surgery, monitor your wound. If it becomes more painful, inflamed, swollen or starts to leak fluid please contact your healthcare team or GP.

- You may have some bleeding through your vagina after your operation. It can be similar to a light period. It usually changes to a red/brown discharge and then stops. It can last from a few days to a few weeks.
- Be kind to yourself, this is a difficult time both physically and emotionally, talk to your family and friends about how you are feeling. You can also contact your healthcare team.
- Resume social activities as soon as you feel ready.
- Do not lift anything more than 1kg for the first six weeks after surgery. Make sure to bend your knees, keep your back straight, and try to switch on your pelvic floor muscles when lifting.
- Do not drive until your healthcare team tells you it's ok, usually six weeks after surgery.
- You can shower straight away, however avoid baths or swimming for six weeks following hysterectomy or vaginal surgery. This is to give the wound time to heal and reduce the risk of infection.
- Following gynaecological surgery, to allow healing within the vagina, we advise you not to use tampons and not to engage in penetrative sexual intercourse for six weeks.

RED Flag Symptoms after Surgery

Please contact your GP or healthcare team immediately if you experience any of the following:

- You develop a high temperature of **38.0°C** or above
- You are unable to tolerate food or fluids
- Your wound becomes inflamed, swollen, painful or starts to leak fluid
- You have vaginal discharge that becomes heavy and/or smells unpleasant
- You have persistent nausea or vomiting
- You have increased pain which is not relieved by painkillers
- You have vaginal bleeding with heavy bleeding/clots
- You are unable to pass urine
- You have a swollen sore leg (usually just one side)
- You have difficulty breathing that comes on suddenly or chest pain that is worse when you breathe in
- You are coughing up blood

6. Genetic Testing

There have been significant advances in ovarian cancer over the last decade, including in the field of genetics. When a cancer occurs, the tumour cells have changed or mutated. It is important to test these tumour cells for genetic changes as this can help the consultant oncologist select the best treatment for your cancer, based on the genetic information from the tumour cell. This is called genetic profiling. These tests are done on a sample of tumour that was taken at the time of diagnosis.

It may be recommended that you undergo a blood test as well as tumour testing. Each of our cells contain genes. Genes are made in a particular sequence, and a change in the sequencing of a gene, can be harmless but some changes can cause a person to have or be at risk of disease. This “spelling mistake” in the gene is also known as a “variant” or “alteration”. Our genetic information is inherited from each of our parents, meaning they are germline as they are inherited at conception. If a variant is identified, then you and your family will be referred for genetic counselling and further testing.

Cancer Genetics

Depending on your cancer diagnosis, and any personal or family history of cancer, your healthcare team may refer you to a cancer genetics service. This genetic assessment can:

- Help you understand if you are affected by an inherited health condition, and if this condition could affect other family members
- Show if you are at higher risk of getting certain health conditions, including other types of cancer
- Guide doctors in deciding what treatment is best for you.

More Information

For additional information on genetic testing you can access the website at **www.thisisgo.ie** or scan the QR code.

7. Systemic Anti-Cancer Therapy

Cancer drug treatments, referred to as systemic anti-cancer therapy (SACT), includes chemotherapy, immunotherapy, targeted therapy and hormonal therapy. Your healthcare team will discuss the most appropriate treatment for you.

Administration methods vary for cancer drugs. Your treatment may be given by a vein through a cannula (plastic tube). If you have experienced difficulties with your veins there are other options such as a PICC line or an implantable PORT. Your healthcare team will discuss what will suit you best.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic chemotherapy drugs disrupt the way cancer cells grow and divide. But they also affect some of the healthy cells in your body. These healthy cells can usually recover from damage caused by chemotherapy. But cancer cells cannot recover, and they eventually die. Because chemotherapy drugs can affect some of the healthy cells in your body, this can cause side effects. Most side effects will go away after treatment finishes.

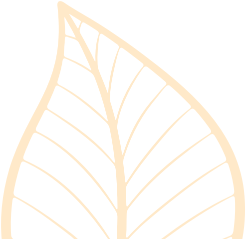
Immunotherapy

Immunotherapy works by helping your immune system recognise and attack cancer cells. You might have immunotherapy on its own or with other cancer treatments. Immunotherapy is a standard treatment for some types of cancer, and used in clinical trials for others.

Targeted Therapies

Targeted therapy is a type of cancer treatment that uses drugs designed to “target” cancer cells without affecting normal cells. There are various types of these drugs. Each one targets a specific aspect of the cancer cell that helps it grow and survive.

PARP inhibitors are one of many targeted therapies. They are a treatment for some women with ovarian cancer. These drugs block PARP, a protein necessary for repairing cells. As a result, cancer cells can become too damaged to survive.



My Treatment Plan

Consultant Oncologist:	
	PICC: ☐ PORT: ☐
Name of treatment regimen:	
No. of planned treatments:	
Is this part of a clinical trial?	Yes ☐ No ☐
If yes, name and number of clinical trial:	

Additional SACT treatment if required

Consultant Oncologist:	
	PICC: ☐ PORT: ☐
Name of treatment regimen:	
No. of planned treatments:	
Is this part of a clinical trial?	Yes ☐ No ☐
If yes, name and number of clinical trial:	

Consultant Oncologist:	
	PICC: ☐ PORT: ☐
Name of treatment regimen:	
No. of planned treatments:	
Is this part of a clinical trial?	Yes ☐ No ☐
If yes, name and number of clinical trial:	

Scalp Cooling

Scalp cooling may be available at your hospital. It is only effective with certain chemotherapy medications. Talk to your healthcare team to see if it is a suitable option for you. This technique reduces blood flow to the scalp by cooling the head during chemotherapy, which can help reduce hair loss. However, its effectiveness varies from person to person, and hair thinning or loss may still occur. You can choose to try it and stop at any point if you are not satisfied with the results.

Before your treatment

After your first consultation with your consultant oncologist, you will meet your clinical nurse specialist (CNS) or another member of your healthcare team. They will guide you through your treatment regime/schedule and be your contact for support and advice as you go through your treatment. Specific written information will be provided to you on each individual cancer drug in your treatment regime.

Your healthcare team will discuss any assessments needed such as bloods, height and weight, echocardiogram, audiology, chest x-rays and scans.

Typical day

If your treatment regime consists of infusions (given through a cannula in your arm or a PICC or a PORT), you will be seen by members of your healthcare team and the treatment prescribed for either the same day or another day. As there are many different types of treatments, they all have varied infusion times from 30 minutes to six hours. Your team will tell you what your regime will involve.

Day of treatment

You will be called from the waiting area into a recliner chair in the day ward. A cannula will be inserted; some patients may require a PICC or a PORT line if you have poor veins. You will then be connected to the infusion for the duration of your treatment time. You will get your next review date and treatment time before going home.

Day ward checklist

A helpful list of things you might want to bring to the day ward

- Long phone charger
- Water bottle/soft drink
- Snacks of your choice
- Book/tablet/headphones
- Comfortable clothing
- Your regular medication

Potential side effects

- Hair loss
- Risk of infection
- Constipation
- Mucositis (a sore mouth)
- Nausea/vomiting
- Peripheral neuropathy
  (Numb or tingling hands or feet)
- Risk of a blood clot
- Diarrhoea
- Low blood counts
- Abdominal cramps
- Fatigue
- Muscle or joint pain

Hair loss

Hair loss caused by chemotherapy is called chemotherapy-induced alopecia (CIA).

- Your clinical nurse specialist can provide a letter so you can get a discount on a wig
- If you are thinking of getting a wig, getting it before treatment starts is advisable

This means:

- it is easier to match the wig to your own hair colour and style
- you can get used to wearing it before your hair starts to fall out
- it will be ready in case you lose your hair earlier or more quickly than expected.

You may feel that everyone will notice that you are wearing a wig, but wigs are often very good and can be cut and styled so people may not realise. Some salons have specially trained hairdressers who can style your wig ready for you to use.

Peripheral neuropathy (numb or tingling hands or feet)

Peripheral neuropathy is damage to the nerves that carry messages between the brain, the spinal cord and the rest of the body. Cancer and some cancer treatments can cause peripheral neuropathy. For most people, the symptoms of cancer-related peripheral neuropathy will slowly improve when their cancer treatment has finished. It can affect the hands, feet and lower legs.

Symptoms may include:

- Tingling, pins and needles or numbness in the affected area
- Pain, which can be mild or more severe
- Muscle weakness that makes it harder to walk, climb stairs or do other tasks
- Constipation and feeling bloated
- Feeling light-headed or dizzy when you sit up or stand up
- Difficulty doing up buttons on clothing or picking up small objects
- Problems with balance, walking and coordination

It is important to tell your healthcare team if you notice any new symptoms that may be caused by treatment, or if your symptoms are getting worse. If you do have nerve damage, it is better if it is diagnosed as early as possible.

Mucositis

Some chemotherapy/immunotherapy can damage the cells that line your mouth or throat, causing soreness and ulceration. This is called mucositis.

Any damage is usually temporary, and most side effects improve after treatment finishes. Using a soft tooth brush, and rinsing with alcohol-free mouthwash or salt and water four times daily, can help prevents mouth sores.

Swirl and swallow mycostatin mouthwash/drops (antifungal). This can help prevent oral thrush. This will be prescribed by your healthcare team. We recommend no flossing or use of an electric toothbrush, as it can make a pocket for infection. If you get mouth sores, bleeding gums or thrush let your healthcare team know.

Low blood counts

Anaemia is when your red blood cells are low. The red blood cells normally carry oxygen around the body. If they are low you may feel tired, light headed or breathless.

Neutropenia is when your white blood cells are low. White blood cells help the body fight infection. Therefore when your white blood cells are low you are at higher risk of developing an infection.

Thrombocytopenia is when your platelets are low. Platelets help to make your blood clot and stop bleeding when you hurt yourself. If your platelet count is low, you will be more likely to bruise and bleed.

Please contact you healthcare team if you experience any of the following:

- High temperature **above 37.5°C or below 36°C**
- Feeling shivery or unwell
- A new or worsening cough
- Shortness of breath
- Palpitations (fast heart rate)
- Vomiting or diarrhoea
- Bleeding or severe bruising
- Fatigue

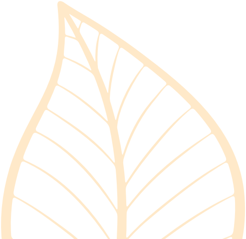
Lowered Immune System and High Temperature

Please follow the instructions below:

If your temperature is **above 37.5°C or below 36°C**, call the number given to you by your hospital, even if it is the middle of the night.

Acute Haematology Oncology Nursing Service

The AHOS provides support to patients undergoing treatment for cancer. The “Sort out my Symptoms (SOS) hotline” is a telephone service for patients who are unwell or have concerns about symptoms while receiving cancer treatment. If this service is suitable for you, you will receive a patient information leaflet and alert card with contact details. You can get advice over the phone or through video calls. You may also be asked to see your nurse specialist, GP, or visit the emergency department.



Notes

8. My Treatment Details

My Diagnosis (confirmed)	
Stage	
Cancer Cell Type	

My treatment

Chemotherapy	Yes ☐	No ☐
Type		

Targeted Therapy	Yes ☐	No ☐
Type		

Surgery	Yes ☐	No ☐
My surgery, what was removed		

Follow-up Schedule

It is important that you attend your follow-up appointments. These appointments help with any side effects that you may have or check for new side effects that may develop after you have finished treatment or check for the signs of the cancer coming back (recurrence).

Alert Symptoms

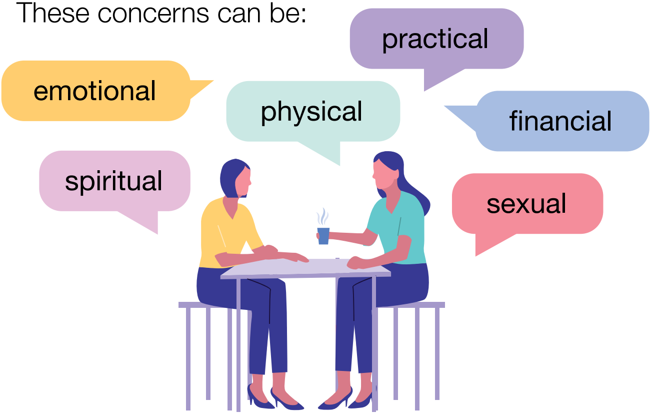
If you experience any of the below symptoms in between your scheduled appointments, you should contact your healthcare team and discuss the symptoms with them. They may request to see you sooner to investigate.

- Vaginal bleeding or discharge
- Pain or discomfort in tummy or pelvis
- Pain or discomfort in back or legs
- Swelling in tummy or legs
- Unexplained weight loss
- Unexplained lethargy or tiredness
- Loss of appetite
- New or persistent cough or shortness of breath

9. Cancer Survivorship and a Healthy Lifestyle

Our survivorship service focuses on living well with, and beyond cancer. By using a Holistic Needs Assessment (HNA) your healthcare team may explore daily concerns you may have, allowing us to understand the impact your cancer has had on your life, and how we can support you.

These concerns can be:



We have included some information in this passport to help with concerns you may have in your day-to-day life.

Managing cancer-related fatigue

Fatigue is a feeling of tiredness or exhaustion and is a very common problem for people with cancer. As many as 9 out of 10 people with cancer may feel fatigued at some time. This can be especially difficult to deal with when you are already trying to cope with cancer and/or treatment.

Some of the more common effects of fatigue include:

- difficulty doing simple things, such as showering or getting dressed
- feeling you have no energy or strength
- difficulty concentrating and remembering things
- difficulty thinking, speaking or making decisions
- feeling light-headed
- difficulty sleeping (insomnia)
- losing interest in sex or intimacy
- feeling low in mood and more emotional than usual.

Fatigue can effect your daily activities and social life, but there are some things that can help improve these symptoms.

- **Physical activity** can boost your appetite, improve sleep, improve your mood and actually give you more energy. Doing something you enjoy and setting simple achievable goals will encourage you to continue. Listen to your body, start slowly and build up gradually over a number of weeks.
- **Healthy diet and weight** can help maintain and regain strength as well as giving you more energy. Trying different foods and eating small meals more regularly can help, for example 4-5 small meals. Always ensure you drink plenty of fluids to keep you hydrated.
- **Good quality sleep** Try going to bed and waking up at the same time each day, avoid long periods of day time sleep. Keep your mind active during the day such as reading, listening to an audiobook/podcast or going for a walk and taking in your surroundings.

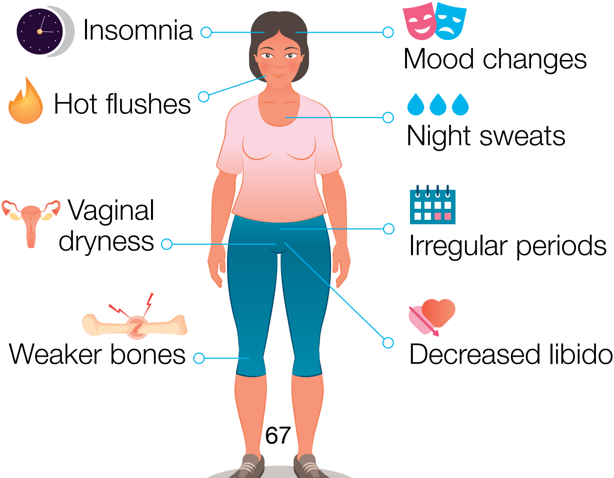
There are also complementary therapies which may help with fatigue such as meditation, relaxation, massage therapy and yoga. Support groups or counselling can be beneficial. See the resources section on page 82. Talking to those around you can be great support and asking them to help in any way they can with daily tasks of housekeeping, shopping and meal preparation.

Menopause; Hormone Replacement Therapy; Is it safe for me?

Treatments for gynaecological cancers can cause menopause. These treatments include surgery involving removal of the ovaries, chemotherapy and radiotherapy to the pelvis.

Early menopause is defined as menopause (loss of function of the ovaries) before the age of 45, premature menopause is before the age of 40, which can be temporary (sometimes following chemotherapy) or permanent (following surgical removal of the ovaries).

Menopausal symptoms can happen immediately following surgery or gradually following chemotherapy and radiotherapy. Some menopausal symptoms that women can experience:



If your treatment has caused you to go through the menopause, or if you have recently gone through the menopause, HRT may be something to consider. HRT usually consists of oestrogen therapy alone (oral tablets, patches, gels, vaginal tablets) or with progesterone therapy (progesterone is important if you still have a uterus (womb)).

HRT can effectively treat these symptoms, but also provides protection to your heart and bones. It is important to discuss with your healthcare team whether HRT is suitable for you based on your type of cancer and your health history. Together you can discuss the risks and benefits and decide on the best option for you. It may not be suitable if your cancer is hormone driven.

If you decide that HRT is not right for you, there are other medications that can treat menopausal symptoms. A member of your healthcare team will discuss this with you.

Bone Health

Our bones are actually living, constantly changing, parts of our body. After the menopause our bones become weaker due to lower levels of oestrogen. Osteoporosis (low bone density/strength) may develop which increases the risk of bone fractures (breaks) and back pain. A DXA scan is a low dose X-ray that assesses your bone density and can diagnose osteoporosis.

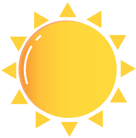
Chemotherapy, pelvic radiotherapy, or oophorectomy (removal of one or both ovaries) can significantly reduce your bone density and increase the risk of osteoporosis (weak bones). For these reasons, your healthcare team may suggest a DXA scan to assess your bone density.

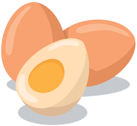
There are various ways you can keep your bones as strong as possible, from diet (calcium and vitamin D) and exercise (weight bearing and resistance), moderating alcohol and not smoking, to specialised medications if required.

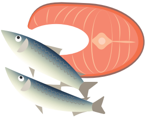
HRT is effective at protecting your bone strength. If it is safe for you to take, it may be worth considering, even if you are not having severe menopausal symptoms.

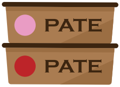
Vitamin D is found in

- Sunshine!
  15 minutes a day
- Egg yolks
- Oily fish like salmon, mackerel, herring and sardines
- Fortified milks, cereals and spreads
- Liver and chicken liver pâté









You need three servings of calcium a day.
Dairy products are the best source of calcium.
A serving is equal to:

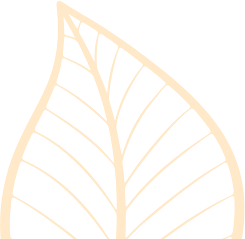
- A glass of milk
- An ounce (matchbox size) of cheese
- A carton of yoghurt

More Information

For further information on osteoporosis and how to look after your bones, please check out the Irish Osteoporosis Society website at **www.irishosteoporosis.ie** or scan the QR code.

Information on sources of Vitamin D can be found on the Irish Cancer Society website at **www.cancer.ie/cancer-information-and-support/cancer-types/skin-cancer/vitamin-d-and-the-sun** or scan the QR code.

For further information on Vitamin D from the HSE, please access the website at **www2.hse.ie/conditions/vitamins-and-minerals/vitamin-d/** or scan the QR code.



My Bladder

Following menopause, the lack of oestrogen can lead to weaker tissues of the vagina and urethra. This can make it easier for bacteria to get into the bladder and cause a bladder infection/urinary tract infection (UTI). If this is the case, vaginal oestrogen (pessaries, creams) on the area can help to reduce how often you get a urine infection. This is safe for almost all women as the oestrogen is absorbed by the skin in the vagina only.

Symptoms of overactive bladder or bladder leakage should be discussed with your healthcare provider as there are simple investigations, along with exercises or medications that may help.

If you are experiencing bladder leakage – please see the section on pelvic floor exercises (pages 42 and 43) to start while you are waiting for a clinic appointment.

Sexual Health and Intimacy after Cancer Treatment

Cancer and its treatments can have an effect on your sexual relationships both physically and emotionally. You may not feel ready for sex, your sexual confidence and self-esteem may be low and you may experience loss of sexual desire also known as low libido. You may feel your body looks different or be worried that your sex life will be different after cancer treatment. You might be worried about physical symptoms such as vaginal dryness or experiencing pain during sex. Ask your healthcare team if there is a a pelvic health physio service available in your hospital. Here are some helpful tips if you are feeling overwhelmed:

- Intimacy does not have to involve sex. Holding hands, kissing and hugging are ways to build closeness if you don’t feel ready for sex. Doing something together that you both enjoy which does not include sex can also bring you closer.
- Talk with your partner about how you are feeling and ask them how they are feeling, as they may also have worries. This support will also bring you closer. It is important for you both to feel comfortable and ready to engage in intimacy.

- We advise not having penetrative sex for at least 6-8 weeks after gynaecological surgery to allow the body time to heal, but there are other ways to be intimate.

If you are experiencing discomfort, consider the following:

- **YES®** is a water-based lubricant and can be helpful if you are experiencing vaginal dryness as well as daily use of vaginal moisturisers.
- If you are experiencing discomfort during penetrative sex, taking pain killers 30 minutes before may help.
- Vaginal dilators may be helpful if you feel you are experiencing vaginal tightness.
- ‘Ohnuts’ help prevent deep penetration if you have a male partner or are using a sex toy.

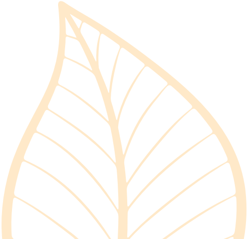
If you are experiencing these issues and would like to discuss them further, you can contact your survivorship nurse or a sexual therapist.

More Information

If you would like further information you can access the NCCP website at **www.hse.ie/eng/services/list/5/cancer/patient/leaflets/sexual-wellbeing-after-breast-or-pelvic-cancer-treatment.pdf** or scan the QR code.

If you would like further information on vulvovaginal health, you can access the Marie Keating Foundation website at **mariekeating.ie/wp-content/uploads/2021/06/Vaginal-and-Vulva-Health-Care-Leaflet-21052021-1-1.pdf** or scan the QR code.

If you would like further information or would like to contact a sexual therapist from Sexual Therapists Ireland, you can access the website at **www.sextherapists.ie** or scan the QR code.



Your Feelings after Cancer Treatment

It is normal to feel a range of emotions after cancer treatment. It is common for feelings to be bottled up while you focus on your treatment. Often these feelings only come to light when you start getting back to day-to-day life.

As well as your body needing to heal after treatment, so does your mind.

It is normal to feel:

- Anxious or stressed about going back to day-to-day living and navigating what your future looks like
- Communicating with work and dealing with finances
- Afraid of the cancer coming back, worrying about every symptom
- Isolated, not having your healthcare team around you and the feeling that your friends and family don't understand how you are feeling
- Anger, depression, sadness due to everything you have been through

What can I do to help myself?

- Communicate with the people around you. If they understand how you are feeling, they will be able to help support you better
- Understand what symptoms to look out for and what your follow-up will be
- Access local and national support services, see our resource page at the end of this passport
- If you are struggling with your feelings, it may be helpful to speak to your GP or healthcare team who may refer you to the psycho-oncology team in your hospital
- Accept that it is ok to have these feelings, try to acknowledge and describe them rather than only displaying them
- It’s ok to have a good cry to release tension

- Find techniques to help you relax, this will be different for everyone. Some suggestions:

Guided meditation/ deep breathing exercises

Read a book

Listen to a podcast or music

Engage in exercise

Complementary therapies such as massage, reflexology, etc.

Keep a journal

Always check with your healthcare team to ensure it is safe to do the complementary therapy of choice.

Take a walk outside

Healthy Lifestyle Advice

Leading a healthy lifestyle helps recovery from cancer and improves your general wellbeing. You can improve your general health and reduce the risk of developing further health issues by using the following advice:

Nutrition

After treatment, it is important to eat a balanced, varied diet to stay healthy.

If after treatment you have problems with weight loss, appetite or food intake, please ask your dietitian or a member of your healthcare team for more support.

- Aim to be a healthy body weight
- Aim to eat plenty of fruit and vegetables
- Choose foods rich in fibre such as wholegrain breads and cereals
- Eat less salt, use pepper and herbs in cooking and at the table
- Limit processed meats, e.g. bacon, sausages, salami
- Limit foods high in fat and sugar, including sugary drinks
- Limit cooked red meat to 350-500g (12-18 oz) per week.

Reduce your risk of cancer

Don't start smoking. If you are already a smoker, try to quit. You can find support to quit from HSE Quit on 1800 201 203 or **www.quit.ie**

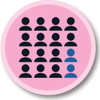
Maintain a healthy body weight. Eating a healthy balanced diet, being physically active, getting enough sleep and taking care of your mental health can all help to maintain a healthy body weight.

Vaccinations can protect against some cancers. The human papillomavirus (HPV) vaccine protects against cervical cancer and some other types of cancer. It is offered to 1st year students in secondary school and to high risk groups of people, for example people living with HIV and men who have sex with men. The Hepatitis B vaccine protects against liver cancer and is offered to all babies in Ireland.

Avoid alcohol. The less you drink, the lower your risk of cancer. Visit www.askaboutalcohol.ie for support.

Be SunSmart. To reduce your risk of skin cancer, protect your skin from the sun and never use a sunbed.

Check radon levels. Radon is a radioactive gas that can increase risk of lung cancer. It forms in soils and rocks, and you can't smell it. Visit **www.radon.ie** to learn how to check radon levels in your home or workplace, and take action to reduce them.



Take part in cancer screening programmes. Ireland has screening programmes for bowel cancer, cervical cancer and breast cancer. For more information visit **www.screeningservice.ie**

Eat a healthy balanced diet. Include plenty of fruit, vegetables and wholegrains in your diet. Limit red meat and avoid processed meat such as chorizo, bacon or salami.

Discuss your oral contraceptive or hormone replacement therapy options with your GP. These may increase or decrease your risk of cancer. Everyone is different.

Be physically active every day. Any activity is better than none.

Follow your workplace health and safety measures. These will help to prevent exposure to substances that can cause cancer. If you work outdoors protect your skin from the sun.

Consider breastfeeding, if you can. Breastfeeding reduces the mother's risk of breast cancer. Visit **www.mychild.ie** for support.

www.hse.ie/cancerprevention

10. Resources

Financial Support

A cancer diagnosis can unfortunately come with extra expenses, for example, travel to appointments, sick leave from work and medications. There may be benefits and supports available for you and your family to help cope with these challenges. Your local hospital may have travel supports available for hospital attendances.

Returning to Work

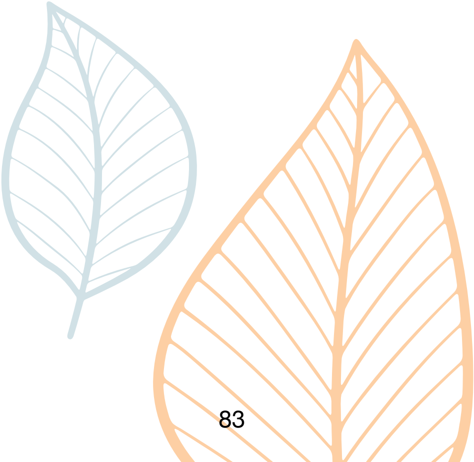
Returning to work can be daunting after a cancer diagnosis. Arrange a meeting with your work when you feel ready to return to see how best they can support you. This may be a phased return or more flexible working hours. An information booklet is available on the Marie Keating Foundation website at **www.mariekeating.ie/back-to-work-after-cancer** or scan the QR code.

Financial Information resources

For information and guidance on managing your money and getting financial support, access the Irish Cancer Society website at **www.cancer.ie**, or call the Support Line on Freephone 1800 200 700, or scan the QR code.

Citizens Information

Citizens Information Service provides information on your rights and entitlements by phone on 0818 074000 and at **www.citizensinformation.ie** or scan the QR code.



The Alliance of Community Cancer Support Centres and Services

There are lots of wonderful community cancer support centres and services around Ireland that provide support and survivorship services. You can ask your healthcare team about support services local to you. You can also see if there is one close to you by accessing the website at **www.hse.ie/thealliance** or scan the QR code.

Irish Cancer Society

The Irish Cancer Society has lots of information and resources, including information on ovarian cancer, which you may find helpful. You can access the website at **www.cancer.ie/cancer-information-and-support/cancer-types/ovarian-cancer**. You will also find links to the Daffodil Centres throughout the country and you can email: **supportline@irishcancer.ie** for further information or scan the QR code.

OvaCare

OvaCare provide support for all affected by ovarian cancer. For further information or support on ovarian cancer, you can access the website at **www.ovacare.ie** or scan the QR code. Alternatively, you can contact them by phone or email. Please see contact details below:

Phone: 021 242 7892
Email: **info@ovacare.ie**

This Is GO

thisisGO.ie is an online personalised platform for those impacted by Gynaecological Cancer and carriers of the BRCA and Lynch Syndrome mutation who are at risk of developing a Gynaecological Cancer. The platform is co designed by Patients for patients, significant others and Health Care Professionals. It is multi model (audio, video, podcasts and articles) in its approach, covering all aspects of a diagnosis. You can access the website at **www.thisisgo.ie** or scan the QR code.

Look Good Feel Better

If you are in need of a confidence boost why not attend a workshop. Look Good Feel Better are a charity who provide free skincare and professional makeup workshops for women receiving cancer treatment. If you require further information, you can access the website at **www.lookgoodfeelbetter.ie** or scan the QR code.

YouCan Cancer Support Network Ireland

YouCan Ireland work with and for young adults who have been diagnosed in their 20s, 30s and 40s. If you require further information, you can access the website **www.youcanireland.com** or scan the QR code.

Answers for Cancers

The podcast, The Answers for Cancers, is delivered by healthcare professionals and covers a range of topics that you may find helpful. To access the podcast, use the link **open.spotify.com/show/3BFSTkbPcbzHDKvWm2COYj** or scan the QR code.

PERCS

PERCS programme (Personalised Exercise and Rehabilitation in Cancer Survivorship). Provides Information and support to help you become more active and improve your health and wellbeing during and after cancer. If you require further information, you can access the website at **www.cancerrehabilitation.ie** or scan the QR code.

LACES

LACES programme (Life and Cancer – Enhancing Survivorship) is for adult patients who have finished treatment or who are on maintenance therapy and living with advanced cancer. The LACES workshop can help you to adjust, live well, and feel your best, physically and emotionally. Workshops are delivered online and face to face in some hospitals. For further information or to view the modules, you can access the website at **www.hse.ie/LACES** or scan the QR code. To join a workshop, email: **patienteducation@irishcancer.ie**

Cancer Thriving and Surviving (CTS)

The CTS Programme is a self-management programme developed by Stanford University. This group programme is run over six weeks and offers patients a chance to learn skills that helps them to manage their health and wellbeing when moving on from their cancer treatment. The programme includes sessions that build confidence to self-manage cancer-related problems and to promote recovery of well-being. More information on the programme and where it is running is available at: **www.hse.ie/CTS** or scan to QR code.

CLIMB® (Childrens Lives Include Moments of Bravery)

The CLIMB® (Childrens Lives Include Moments of Bravery) programme is for children aged 6 to 12 who are experiencing the impact of a parent's cancer diagnosis. The programme is run over six weeks and aims to build upon the child's strengths and increase their ability to cope with stress associated with the parent's illness. Through group activities, small groups of children engage in art therapy and play therapy as tools to enable them to express their feelings. More information on the programme and where it is running is available at: **www.hse.ie/CLIMB** or scan the QR code.

11. Glossary

Adjuvant treatment: refers to chemotherapy, radiotherapy or surgery that people receive after their initial cancer treatment.

Ascites: a build up of fluid in your tummy.

Audiology: hearing tests.

Benign: not cancer.

Bilateral salpingo-oopherectomy: removal of both ovaries and fallopian tubes.

Biopsy: a sample of tissue taken to be looked at under a microscope to help diagnose cancer.

Borderline tumour: abnormal cells that are not cancerous but have the potential to develop into cancer.

BRCA1 and BRCA2: an inherited mutation in one of the genes from your mother's or father's side of the family, that is associated with a higher risk of breast, ovarian and other cancers.

CT scan: stands for computerised tomography. This scan uses x-rays and a computer to create detailed images of the inside of your body.

Cannula: is a small tube inserted into your vein (usually on your arm or hand) to give medication and fluids into your blood stream.

Catheter: a tube that is inserted into your bladder to drain urine.

CA125: a protein found in the blood which can be raised for a number of reasons including cancer, often referred to as a tumour marker.

CA19.9: a protein found in the blood which can be raised for a number of reasons including cancer, often referred to as a tumour marker.

CEA: a protein found in the blood which can be raised for a number of reasons including cancer, often referred to as a tumour marker.

Colonoscopy: is a way of examining the lining of the bowel from the inside using a camera.

Convalescence: is a healthcare unit you attend to recover after treatment if you do not have enough support at home.

DVT: deep vein thrombosis is when a blood clot forms in a blood vessel, usually in your leg. It can cause pain, redness and swelling.

DXA scan: a bone density scan uses low dose X-rays to see how dense (or strong) your bones are.

Echocardiogram: ultrasound of the heart.

Endometrium: is the lining of the womb.

Grade: describes how similar the cancer cells look to your normal cells. The higher the grade the more active the cancer.

Healthcare Team: is the group of professionals who contribute to your care and treatment as a patient. This includes; consultants, nurses, medical social workers, physiotherapists, pharmacists, occupational therapists, dieticians etc.

Hysterectomy: surgical removal of the uterus.

Immunotherapy: a treatment that uses the immune system to find and attack cancer cells.

Laparoscopy: also known as ‘keyhole’ surgery, meaning there will only be some small incisions made.

Laparotomy: also known as ‘open’ surgery, where there is a larger incision made.

Lymph node: small bean shaped structures that filter lymph fluid. Some times cancer can spread to lymph nodes.

Malignant: cancer.

Metastasis: when cancer cells grow in an uncontrolled way and spreads to other parts of the body.

MRI scan: a scan that uses a large magnet to build a detailed picture of inside the body.

Neoadjuvant: neoadjuvant chemotherapy is when a person has chemotherapy before other treatment.

Omentum: a layer of protective fatty tissue covering the abdominal organs like an apron.

Oopherectomy: removal of an ovary or ovaries.

Osteoporosis: is when bones become weak and at risk of fractures (breaks).

Palliative care: a team that specialise in symptom control and improving quality of life, as well as end of life care.

PE: pulmonary embolism is when a blood clot forms and blocks the blood flow to the lung.

PET CT scan: produces 3D colour images to show how the tissues inside your body work using a low dose of radioactive sugar.

PICC line: peripherally inserted central catheter is a thin tube inserted in your arm that is guided all the way to a vein near your heart. It is used to take blood from and give medication if you have difficult access or need medication for a period of time.

PORT: an implanted PORT (also known as a Portacath or Mediport). A thin tube called a catheter is attached to a small reservoir called a PORT. It is usually put in under the skin of the chest wall. One end of the tube goes into the large vein just above the heart. The other end connects to the PORT. It can be used to give SACT drugs, medicine or to take blood samples.

Residual Disease: cancer that remains after treatment.

Systemic Anti-Cancer Therapy: this includes Chemotherapy, Immunotherapy, Targeted Therapy and Hormonal Therapy.

Stage: describes how far your cancer has spread within the body.

Targeted Therapy: drugs designed to “target” cancer cells without affecting normal cells. There are various types of these drugs. Each one targets a specific aspect of the cancer cell that helps it grow and survive.

Total hysterectomy: surgical removal of the uterus and cervix.

Ultrasound: is a scan to look at your organs using some cold gel and a probe.

Ureter: ureters are tubes that connect your kidneys to your bladder. Your kidneys produce urine which flows down the ureters and into your bladder.

Urethra: you pass urine out through your urethra. It is a tube that drains your bladder.

Video Enabled Care: this web-based solution helps healthcare providers offer video call access to their services as part of their regular operations. Video enabled care provides an alternative way to deliver health services, focusing on patient-centred care.

Notes

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If you wish to order printed resources, please visit **www.healthpromotion.ie** and choose 'cancer' on the drop down menu.

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